FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.
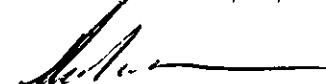
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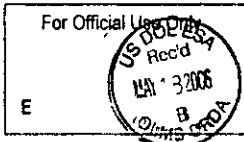
| READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. |

1. File Number U - 6172

2. Fiscal Year Covered From:

1 / 1 / 2005   Through: 12 / 31 / 2005

3. Name and address of person filing.

Name Richard   J Messina

P.O. Box, Bldg., Room No., if any

Street   2553 Route 45/55

City   Gardiner

State New York   ZIP Code + 4 12525

4. Name, file number, and address of labor organization.

Name Laborers' Local 17

Labor Organization File Number 047-525

P.O. Box, Building and Room Number, if any

Street 451A Little Britain Road

City   Newburgh

State New York   ZIP Code + 4 12550

5. Position in labor organization. Organizer, LECET Rep. & Ex. Bd.

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State   ZIP Code + 4

N/A

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the Information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____

On 5/12/2006   845-255-7243

Date   Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	☐ a. Labor Organization
Trade Name, if any:	☒ b. Trust
P.O. Box, Bldg., Room No., if any	☐ c. Employer
Street	
City	
State ZIP Code + 4	

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Laborers' Local 17 LECET Fund	Laborers Employers Cooperation Education Trust. Labor Management Fund. Helps promote Union contractors and union labor.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 451B Little Britain Road	
	11.b. Approximate dollar value of such dealing.
City Newburgh	12.a. Nature of interest held or income received.
State New York ZIP Code + 4 12550	Attended various golf outings.
	12.b. Amount. $450

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	N/A
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer ☐ or Consultant ☐ ?	14.b. Amount of payment.